

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Officer Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name RIDDLE SACHETTI

P.O. Box, Bldg., Room No., if any

Street 5209 BLUEEVERGREEN AVE.

City LAS VEGAS

State Nevada ZIP Code + 4 89131

4. Name, file number, and address of labor organization.

Name SOUTHWEST LABORERS DISTRICT COUNCIL

Labor Organization File Number 543-029

P.O. Box, Building and Room Number, if any

Street 6520 N. 7TH STREET

City PHOENIX

State Arizona ZIP Code + 4 85014

5. Position in labor organization.

SEC/TREAS/BUS/MGR/LABORERS/S.W.D.C.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Charles D. [Signature]

On

8-11-05

Date

712-528-2381

Telephone Number

Name of Person Filing EDDIE SACHETTI

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS APPRENTICESHIP ISSUES AFFECTING UNION MEMBERS AND EMPLOYERS. LABORERS HAS ADVISES ON HEALTH & TRAINING ISSUES AFFECTING MEMBERS AND EMPLOYERS.

11.b. Approximate dollar value of such dealing.

\$41

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$41

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

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8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS
H&W ISSUES AFFECTING UNION MEMBERS AND EMPLOYER.
LABORERS H&S ADVISES ON HEALTH & TRAINING ISSUES
AFFECTING MEMBERS AND EMPLOYERS.

11.b. Approximate dollar value of such dealing.

\$41

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W.
D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA
SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO
OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S
WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$41

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

UNION OFFICER ATTENDED DINNER MEETING TO ADDRESS H&W ISSUES AFFECTING UNION MEMBERS AND EMPLOYERS. LABORERS H&S ADVISES ON HEALTH ISSUES AFFECTING MEMBERS, EMPLOYERS AND ERISA H&W FUNDS.

11.b. Approximate dollar value of such dealing.

\$67

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$67

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & BUS. MGR. REPRESENTING UNION MEMBERS IN NEGOTIATIONS WITH MERGER OF SOUTH TEXAS AND NORTH TEXAS LABORERS H&W FUNDS. DINNER MEETING TO DISCUSS MERGER.

11.b. Approximate dollar value of such dealing.

\$43

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$43

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & BUS/MGR IN DISCUSSIONS REGARDING TRAINING/APPRENTICESHIP/ETC. ISSUES AFFECTING S.W. DISTRICT CONFERENCE. DINNER MEETING WITH OTHER INTERESTED PARTIES.

11.b. Approximate dollar value of such dealing.

\$45

12.a. Nature of interest held or income received.

MR. SACHETTI IS A P/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$45

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

11.a. Nature of such dealing.

LABORERS H&S & MR. SACHETTI ATTENDED DINNER MEETING TO DISCUSS HEALTH BENEFIT MODIFICATIONS FOR UNION MEMBERS.

11.b. Approximate dollar value of such dealing.

\$41

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER EMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$41

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS HEALTH & SAFETY FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 905 16TH NW

City WASHINGTON

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

LABORERS HAS & MR. SACHETTI ATTENDED DINNER MEETING TO DISCUSS HEALTH ISSUES FOR UNION MEMBERS AND UNION CONTRACTORS COVERING 14 STATE REGION.

11.b. Approximate dollar value of such dealing.

\$38

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. ACCORDINGLY, HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2.

12.b. Amount.

\$38

Name of Person Filing EDDIE SACHETTI

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name NATIONAL LECET
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 905 16TH NW
City WASHINGTON
State District of Columbia ZIP Code + 4 20006

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

MR. SACHETTI AS FULL TIME EMPLOYEE OF THIS LABOR ORG. WAS REIMBURSED FOR BUSINESS TRAVEL, MEALS, LODGING. HE WAS ALSO RECIPIENT OF RECEPTIONS, BANQUETS AND OTHER MEALS IN THE COURSE OF BUSINESS MEETINGS.

11.b. Approximate dollar value of such dealing.

\$28,502

12.a. Nature of interest held or income received.

AS A FULL TIME EMPLOYEE OF LECET MR. SACHETTI'S WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. MR. SACHETTI HAS NO OWNERSHIP INTEREST IN LECET & MR. SACHETTI'S WAGES ARE REPORTED ON IRS FORM W-2. REIMB. EXPENSES LISTED BELOW.

12.b. Amount.

\$28,502

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name OVSS - LECET
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 25 CENTURY BLVD., SUITE 305
City NASHVILLE
State Tennessee ZIP Code + 4 37214

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name OVSS - LECET
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 25 CENTURY BLVD., SUITE 305
City NASHVILLE
State Tennessee ZIP Code + 4 37214

9. Business deals with:

- ☐ a. Labor Organization
☒ b. Trust
☐ c. Employer

11.a. Nature of such dealing.

OVSS LECET SPONSORED DINNER MEETINGS WITH EMPLOYERS AND BUSINESS MANAGERS TO DISCUSS UNION JOBS, UNION EMPLOYERS JOBS, HEALTH AND TRAINING BENEFITS.

11.b. Approximate dollar value of such dealing.

\$378

12.a. Nature of interest held or income received.

MR. SACHETTI IS A F/T EMPLOYEE OF THE LABORERS S.W. D.C. HIS WAGES ARE EXEMPT UNDER LMRA SECTION 302(C) FROM REPORTING. HE HAS NO OWNERSHIP INTEREST IN THE S.W.D.C. HIS WAGES ARE REPORTED ON IRS FORM W-2. VALUE OF DINNER MEETINGS SHOWN BELOW.

12.b. Amount.

\$379

ADDENDUM PAGE 1 of 1

Edward J. Sachetti, File # U- _____

ADDENDUM E [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exists separate and apart from my role as a union officer/employee. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM F [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR RECOLLECTION]



It is conceivable that I received the benefit of a meal, refreshment or social event from an individual who may be employed by a reportable entity under the Labor Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits received.

ADDENDUM H [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.